



LAW OFFICE OF
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January 23, 2006

Assistant Commissioner of Patents
US Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Patent Application 10/758,548
Power of Attorney

Dear Assistant Commissioner of Patents,

This letter concerns the following patent application:


Patent Application No.	10/758,548
Filing Date	01/15/2004
Titled	Vancomycin haemostatic paste composition
Applicant	DHARAN, Murali et al.
Attorney for Applicants	Eric G. Masamori

It has come to my attention that the attorney/agent of record was changed without the consent of the applicants. Apparently, Mr. Peter Eng, Registration No. 39,666 submitted an appointment of associate power of attorney in which the above-identified patent application was listed. Mr. Eng incorrectly listed the above-identified patent in his correspondence. Mr. Eng does not have the authority to act on behalf of the applicants.

I am the attorney who filed the application on behalf of the applicants. I continue to represent the applicants in regards to this application. I am resubmitting new Power of Attorney forms, signed by each applicant, for the above-identified patent application. I am hopeful these documents will be sufficient to correct the error. Thank you for looking into this matter and correcting the attorney of record for the above-identified patent application.

If you have any questions, please do not hesitate to contact me at (510) 537-1475 or via e-mail at emasamori@comcast.net.

Very truly yours,


Eric G. Masamori
Attorney for Applicants
Registration No. 46,360

Enclosures



PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/758548
Filing Date	January 15, 2004
First Named Inventor	DHARAN, Murali
Art Unit	1615
Examiner Name	B. Dell Chism
Attorney Docket Number	114-001

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.

OR

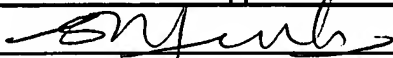
☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Law Office of Eric G. Masamori				
Address	6520 Ridgewood Drive				
City	Castro Valley	State	CA	Zip	94552
Country	US				
Telephone	(510) 537-1475	Email	emasamori@comcast.net		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	MURALI DHARAN MD		
Date	12-21-05	Telephone	925 973 9000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Title	Vancomycin Haemostatic Paste
Art Unit	1615
Examiner Name	B. Dell Chism
Attorney Docket Number	114-001

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☒ Practitioner(s) named below:

Name	Registration Number
Eric G. Masamori	46,360

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Address 6520 Ridgewood Drive

City Castro Valley State CA Zip 94552

Country US

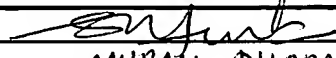
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	12-21-05
Name	MURALI DHARAN MD	Telephone	925 973 9000
Title and Company			

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SIGNATURE of Applicant or Assignee of Record

Signature			
Name	ADOLPH VALDEZ		
Date	12/31/05	Telephone	

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Signature		Date	12/31/05
Name	ADOLPHA VALDEZ	Telephone	
Title and Company			

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Ronald B. Wasserman</i>		
Name	RONALD B. WASSERMAN		
Date	12/21/05	Telephone	

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City Castro Valley State CA Zip 94552

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/21/05
Name	RONALD B. WASSERMAN	Telephone	
Title and Company			

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